FOR INSTRUCTIONS, SEE BACK OF FORM	IA ETHICS AND	FORM	STATEMENT
CHECK ONE: 5/AT	MAION DISULUGURE DE	DR-1	OF
This is an initial* Statement of Organization This is an amended* Statement of Organization	00 168 0 834 0 11	(Rev. 01/2006)	ORGANIZATION
All Initial Statement of Organization must be filed within 40 days of the	08 JUL -3 AM 9: 11	For Office Use C	
		Comm. #	
a change. Penalties may be imposed for late-filed Statements of Organization committee that exceeds \$750 in activity for another office shall file within 10 DR-1 disclosing information congrigor the committee that		Indexed Audited	
DR-1 disclosing information concerning the campaign for the new office sou	days either a new or amended aht.	Computer	
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the	candidate's last name in the name of	AL	
		tne committee.)	
Excel ! Estherville Political Action  IMPORTANT: Indicate type of committee you are reporting for: 11	Committee		
1 Statewide/Legislative/Judge Standing for Potentian Condition 4 0	Statewide PAC ( 2 )State Deate ( 4 )	0	
(5) County Candidate (6) City Candidate (7) School Board or Other F (10) School Board or Other Political Subdivision PAC (11) Local Ball	olitical Subdivision Candidate (8)	County Central Cor County PAC (9 )Ci	mmittee itv PAC
(10 )School Board or Other Political Subdivision PAC (11 ) Local Ball	ot Issue (including committee involved)	ved in multiple city/	county ballot issues)
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (manda		
Name ↓↓ George H. Shadle	I Name ↓ ↓		indicate's committee)
Mailing Address ↓ ↓	Rick Rosbu	rg	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	P.O. Box 4:	33	
Estherville, IA 51334	City, State ↓ ↓ Zip Code ↓ ↓		
<b>1</b>	Estherville, IA	51334	
Phone (712)—362-4765	Phone ( 712 362-2606		
e-Mail_gshadle@myclearwate.net	e-Mail rrosburg@norths	staragencyiow	va . com
INDICATE PURPOSE OF COMMITTEE - Check One Box Adv	ocate for/against candidate(s) Adv	vocate for ballot issue	e(s)
Comment or description: All Candidates Enter:	Adv	vocate against ballot	issue(s)
Office Sought: N/A	County/Local Candidates an	d Local Ballot Com	mittees Enter:
Political Party (if applicable) N/A	County: Emmet		
	(If active in multiple ballot issue	e elections, attach lis	st of counties
strict: Year Standing for Election:	Date of Election: 8/26	Z/08_	
Bank Account Name	<b>_</b>	-	
Excel ! Estherville Political Action	<u>Candidateoeme &amp; Address</u> or Par	Fent Entity (PACS, I	rapplicable).
Committee	Evani   Eathornille		
Committee Name of Financial Institution/type of Account ↓↓	Excel ! Estherville	<u> </u>	
Name of Financial Institution/type of Account	Mailing Address ↓ ↓		
Name of Financial Institution/type of Account ↓↓	Mailing Address ↓ ↓ 620 1st Ave. South		
Name of Financial Institution/type of Account  NorthStar BAnk Checking Account  Mailing Address ↓ ↓	Mailing Address ↓ ↓ 620 1st Ave. South City ↓ ↓	State ↓ ↓	Zip ↓ ↓
Name of Financial Institution/type of Account  NorthStar BAnk Checking Account  Mailing Address    P.O. Box 414	Mailing Address ↓ ↓ 620 1st Ave. South	State ↓ ↓	Zip ↓ ↓
Name of Financial Institution/type of Account  NorthStar BAnk Checking Account  Mailing Address ↓ ↓  P.O. Box 414  City ↓ ↓ State ↓ ↓ Zip ↓ ↓	Mailing Address ↓ ↓ 620 1st Ave. South City ↓ ↓ Estherville, IA 51	State ↓ ↓	Zip ↓ ↓
Name of Financial Institution/type of Account  NorthStar BAnk Checking Account  Mailing Address ↓ ↓  P.O. Box 414  City ↓ ↓ State ↓ ↓ Zip ↓ ↓	Mailing Address ↓ ↓ 620 1st Ave. South City ↓ ↓ Estherville, IA 51 Phone (712) 362 3541	State ↓ ↓	Zip ↓ ↓
Name of Financial Institution/type of Account  NorthStar BAnk Checking Account  Mailing Address ↓ ↓  P.O. Box 414  City ↓ ↓ State ↓ ↓ Zip ↓ ↓	Mailing Address ↓ ↓ 620 1st Ave. South City ↓ ↓ Estherville, IA 51	State ↓ ↓	Zip ↓ ↓
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Name of Financial Institution/type of Account  NorthStar BAnk Checking Account  Mailing Address ↓ ↓  P.O. Box 414 City ↓ ↓ State ↓ ↓ Zip ↓ ↓	Mailing Address ↓ ↓ 620 1st Ave. South City ↓ ↓ Estherville, IA 51  Phone (712) 362 3541 e-Mail  ms the following:	State ↓ ↓ 334	
Name of Financial Institution/type of Account  NorthStar BAnk Checking Account  Mailing Address  P.O. Box 414  City	Mailing Address ↓ ↓ 620 1st Ave. South City ↓ ↓ Estherville, IA 51  Phone (712) 362 3541 e-Mail  ms the following: they are subject to the laws in lowa Code	State ↓ ↓ 334 e chapters 68A and 68	BB and the administrative
Name of Financial Institution/type of Account  NorthStar BAnk Checking Account  Mailing Address  P.O. Box 414  City	Mailing Address ↓ ↓ 620 1st Ave. South City ↓ ↓ Estherville, IA 51  Phone (712) 362 3541 e-Mail  ms the following: they are subject to the laws in lowa Code	State ↓ ↓ 334 e chapters 68A and 68	BB and the administrative
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